

ISSUE SLIP STAPLE AREA (for additional cross references)

09/ 997 944

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		12/20/01
O.I.P.E. CLASSIFIER		18	12/20/01
FORMALITY REVIEW	11/21	4521	12/20/01
RESPONSE FORMALITY REVIEW	EP	1027	12/20/01

BEST AVAILABLE!

INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		1		101	
2		2		102	
3		3		103	
4		4		104	
5		5		105	
6		6		106	
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8		8		108	
9		9		109	
10		10		110	
11		11		111	
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47		47		147	
48		48		148	
49		49		149	
50		50		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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100-C-11  
(011) 2/6/01